QUERI SUBSTANCE USE DISORDERS
Quality Enhancement Research Initiative
SUD-QUERI Update February, 2005

The OpiATE Initiative

Improving the Effectiveness of Opioid Agonist Therapy (OAT)

Opioid dependence is a serious problem, with severe consequences for physical and mental health, and quality of life among opioid dependent veterans. Compelling evidence over three decades demonstrates that OAT leads to improved patient outcomes and is highly cost-effective, yet access to OAT is limited within the VA.[1,2] In addition, within existing VA OAT programs there is considerable variation from current evidence-based best practices.[3] Support is especially strong for four elements of OAT practice: 1) dose, 2) psychosocial counseling, 3) maintenance (versus detoxification) program orientation, and 4) contingency management techniques.

Improving Compliance With Best-Practice Recommendations

The Quality Enhancement Research Initiative Substance Use Disorders (QSUD) team developed the OpiATE Monitoring System (OMS) to support OAT clinic efforts to improve their clinical practices and patient outcomes through increased adherence to best-practice recommendations.

The OMS includes:

- Clinical practice recommendations, with supporting evidence;
- Clinical support and quality enhancement tools, including a dosing algorithm, a sample contingency management plan, and strategies to improve performance across all four practice elements;
- A simple data collection system to track patient outcomes and adherence to practice recommendations; and
- A computerized tool for producing monthly graphs that show gaps between current practices and best-practice recommendations.

The OMS was implemented within a quality improvement framework on a staggered basis at nine VA OAT clinics across the country, with technical support and facilitation

provided by the QUERI team. The program proved very successful.

For example, in a particularly low dose clinic, the percentage of

patients receiving the recommended dose of 60+ mgs per day has risen by 15%. Clinics also have revised policies to be more

consistent with the recommended long-term maintenance philosophy and with the principles of contingency management.

The OpiATE Monitoring System

Based on their work with multiple VA OAT clinics, the QSUD team has revised and refined the OMS and it is now available to other VA OAT clinics that wish to provide the highest quality of care to veterans with opioid dependence.

If your facility has an OAT clinic, or if you are interested in the possibility of providing this highly effective and cost-effective treatment at your facility, the *OpiATE Monitoring System* can help you to ensure that your facility provides the best quality of care.

Please see back page for how to get more information about QSUD and the OpiATE Monitoring System.

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How Do I Learn More?

For information about SUD-QUERI and the OpiATE Monitoring

System, contact:

Hildi Hagedorn, PhD
QUERI-SUD Implementation Research Coordinator
Phone: (612) 467-3875
E-mail: hildi.hagedorn@med.va.gov

Web Resources

For more information about SUD-QUERI, visit their website at:
www.chce.research.med.va.gov/chce/content/queri.htm

For more information about the QUERI program in general, visit the national QUERI website at:
www.hsrd.research.va.gov/queri

References:

1 Marsch LA. The efficacy of methadone maintenance interventions in reducing illicit opiate use, HIV risk behavior, and criminality: A meta-analysis. Addiction 1998;93:515-532.

2 Barnett PG. The cost-effectiveness of methadone maintenance as a health care intervention. Addiction 1999;94(4):479-488.

3 Hamilton EG, Humphreys K. Outpatient methadone services in the Department of Veterans Affairs. Palo Alto, CA, VA Program Evaluation and Resource Center. 1996.

SUD-QUERI Executive Committee:

Research Coordinator J**ohn Finney, PhD,** and Clinical Coordinator, **Daniel Kivlahan, PhD,** lead the Executive Committee. The SUD-QUERI Executive Committee includes other experts in the field of substance use disorders: Paul Barnett, PhD; Thomas Berger, PhD; Brenda Booth, PhD; **Katharine Bradley, MD** (Co-Clinical Coordinator); **Hildi Hagedorn, PhD** (Implementation Research Coordinator); Keith Humphreys, PhD; Anne Marie Joseph, MD, MPH; Michael J. Kilfoyle, MD; Thomas Kosten, MD; Joseph Liberto, MD; Rudolf Moos, PhD; Jon Morgenstern, PhD; Dennis Raisch, RPh, PhD; Kathleen Schutte, PhD; Mark Shelhorse, MD; Richard Suchinsky, MD; Mark Willenbring, MD; and George Woody, MD.